

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. R2184.0298/P298	
		First Inventor Tomokazu Namiki	
		Title DISK TRAY UNIT AND DISK ROTATIONAL DEVICE	
		Express Mail Label No.	

00727 U.S. PTO
10/765394

012804

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small> 3. <input checked="" type="checkbox"/> Specification [Total Pages 41] <small>(preferred arrangement set forth below)</small> <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 8] 5. Oath or Declaration [Total Sheets 4] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 15. <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small> 17. <input type="checkbox"/> Other:
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number: 24998		<input checked="" type="checkbox"/> Correspondence address below			
Name: DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP					
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Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature		Date	January 27, 2004

FEE TRANSMITTAL for FY 2004				Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned
				Filing Date	Concurrently Herewith
				First Named Inventor	Tomokazu Namiki
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	R2184.0298/P298
TOTAL AMOUNT OF PAYMENT		(\$)		810.00	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other				
<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP				3. ADDITIONAL FEES			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	770	2001	385	Utility filing fee	770.00		
1002	340	2002	170	Design filing fee			
1003	530	2003	265	Plant filing fee			
1004	770	2004	385	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)		(\$)		770.00			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		8	-20** =	0.00			
Independent Claims		2	-3** =	0.00			
Multiple Dependent				0.00			
Large Entity	Small Entity						
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	18	2202	9	Claims in excess of 20			
1201	86	2201	43	Independent claims in excess of 3			
1203	290	2203	145	Multiple dependent claim, if not paid			
1204	86	2204	43	** Reissue independent claims over original patent			
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$)		0.00			
**or number previously paid, if greater; For Reissues, see above							
				Other fee (specify)			
				*Reduced by Basic Filing Fee Paid			
SUBTOTAL (3)		(\$)		40.00			

SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
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		Date	January 27, 2004